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ABSTRACT

A preview of an upcoming National School Boards Association (NSBA) publication on comprehensive school health programs explores 4 components of school health programs: (1) board policy; (2) classroom instruction; (3) health services; and (4) healthy school environments. Descriptions of successful school health programs at Frontier Central School District in Hamburg, New York, and at Jefferson County Public Schools in Louisville, New York, are given, and obstacles related to teacher training, community and administrator support, program evaluation development, and the availability of resources are examined. A separate section offers 12 recommendations from the "Journal of School Health" for effective health management in schools at the local level, information on a guide and Comprehensive School Health Survey Database being developed by NBSA, and a contact for additional information on the database.
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Updating **SCHOOL BOARD POLICIES**

Volume 22/Number 2 /March 1991

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Comprehensive health in the public schools

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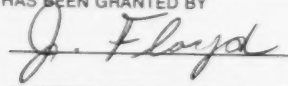
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Comprehensive health in the public schools

by Elisabeth Biddle

Editor's Note: The following article is a preview of an upcoming NSBA publication on comprehensive school health programs. For more information on this Board member's guide and NSBA's other related activities, see page 6.

Our children are a mirror, an honest reflection of their parents and their world. Sometimes the reflection is unflattering and at other times we simply don't like what we see. But we must never turn away. — President George Bush, World Summit for Children, United Nations, 9/30/90

As our children reflect their families and societies, so do our students reflect their schools. In that light we must ask: Are today's students being provided with the knowledge and skills to develop the attitudes and behaviors needed to reach their potentials in school and in society? California Superintendent of Schools Bill Honig has stated "the physical and mental well-being of students is a prerequisite for achieving our educational objectives". Deputy Assistant U.S. Secretary for Health J. Michael McGinnis also has stressed that "health-related behaviors directly influence the cognitive perfor-

mance of students and, consequently, educational achievement."

Unless a child is alert, healthy, well-fed and fit, you cannot teach that child those subjects traditionally called "basics." Comprehensive school health programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop the skills to make healthy decisions for the rest of their life.

While the need for comprehensive school health programs is widely recognized by school Board members, administrators, teachers, and parents, these programs have not been implemented with any consistency. In fact, the Centers for Disease Control have estimated that school health programs are available in between only five and fifteen percent of the nation's school districts. Consider the 1988 evaluation of comprehensive school health programs in American public schools by the Metropolitan Life Foundation. This study reported that 22 percent of students in grades three to twelve have had little or no health education, 19 percent do not eat breakfast and 60 percent are unaware of what to do in the event of a fire. This same evaluation discovered that with at least three years of health education, students became aware of the importance of eating breakfast and exercising frequently, and were less likely to smoke or abuse drugs and alcohol.

Comprehensive school health programs provide a means for effectively addressing the multiple health issues that have an impact on the learning process — from poor nutrition to drug abuse and teenage pregnancy. These programs are designed to promote activities that will prevent disease, minimize the risks and or effects of acute or chronic health problems, and equip youth to make decisions and take actions that will positively influence their own future and that of the total population.

Comprehensive school health programs are generally regarded as consisting of four unique components:

- Board policy, including school health philosophy and goals;
- school health instruction;
- school health services; and
- a healthy school environment.

continued on page 2

Inside Updating. . .

Tips p. 6
Developing comprehensive-health programs

Policy Adviser p. 8
Students with asthma and allergies

Elisabeth Biddle, a political science major at Randolph-Macon College in Virginia, served as an intern at NSBA in January 1991.

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Healthy from page 1

Board policy

There is perhaps no more critical element in the planning and successful implementation of comprehensive school health programs than the school Board's policies and resultant practices. The philosophy of school Boards concerning health — its importance in the overall education agenda, and its relation to the district's general education objectives — sets the tone for program development and implementation. Strong school Board commitment as expressed in its philosophy and goals can result in better planning on the part of the administration, clearer understanding and subsequent support from parents and the general community, and greater investment of time and effort of teachers and other staff members in the program.

Classroom instruction

The second component of a comprehensive school health program is classroom instruction. Effective instruction requires age-appropriate curriculum materials and proper teacher training. Ideally, objectives and methods of health instruction should be aligned with the district's major health goals and consistent with child developmental needs and skills. Current comprehensive school health curricula deal with ten basic areas of study, listed in the Box on the next page.

In addition to the traditional health curriculum, these areas may be integrated into all subjects areas — biology,

physical education, home economics, social studies, and language arts, to name a few.

Proper inservice training is necessary to ensure that the curriculum is well understood by teachers and school staff. Education researchers stress that if health issues are to be communicated properly to students, it is imperative that teacher training be given the highest priority. Indeed, several studies have indicated the direct relationship between training teachers receive and the amount of health instruction that occurs in the classroom. The School Health Education Evaluation, conducted in 1985, found that "teachers who had the complete inservice training program completed a higher percentage of the curriculum (84%) than those with partial or no training (76% and 70% respectively).

Training can be provided by health education consultants (a service available with most commercially-produced curricula), state school boards association trainers, state education agency trainers, regional training lab staff, or trainers from local/county/state health departments. Some universities and hospitals also have training services available.

Health services

The third component of a school health education program is school health services. School health services are an essential link in the health education/health care chain. Recognizing that the school's primary function is to teach,

and that school health services are not intended to take the place of the communities' health care resources, educators must still deal with the unhealthy student whose attention is focused on his or her problems, not on learning. It is for that reason that the health of our school children demands our attention. NSBA's Consortium to Foster Comprehensive Health Education in the Public Schools, composed of 20 national health and education organizations, has developed a list of basic school health services which may aid schools in developing a framework for services. They are listed in the Box on the next page.

When we think of school health services, we think first of the school nurse. Indeed, it is usually the school nurse who takes care of the students' daily health needs in school, identifies health problems, maintains student health records, and recommends other sources of care for serious or long-term problems. In schools without a full-time nurse, classroom teachers and school staff are well aware of the need for regular school health staff, often commenting that they may spend as much as half of their school day dealing with students' health needs.

The school nurse, or whoever serves in his/her stead, should play an integral role in the overall school health program. There are numerous ways in which the school's primary health care giver can augment development and implementation of a comprehensive program. He/she can and should:

- take part in curriculum selection or development;
- participate in inservice training;
- provide information regarding health issues;
- identify health-related problems that affect school performance and/or attendance (symptoms of depression, lack of energy, drug abuse, child abuse);
- promote staff wellness and physical fitness;

continued on page 3

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Healthy from page 2

- provide classroom instruction;
- serve as link to community health resources; and
- facilitate integration of program components, using student visits to nurse's office as teaching opportunities.

A holistic approach to health involves more than attention to students' physical well-being. The whole child has physical, emotional, intellectual and social dimensions with corresponding needs. The school counselor is the person most likely to work with students and other school personnel in the latter three areas. Counselors need to consult with school nurses and other medical staff about students' physical problems, with psychologists and social workers in regard to testing and home or social adjustment problems, and with representatives of the judicial system when necessary. Counselors are the central figures in assessing the overall needs of students and in coordinating the services to meet those needs.

Healthy environment

The final component of comprehensive school health is the provision of a healthy school environment. Lead-free water delivery systems, proper ventilation and circulation systems, safe laboratory and classroom equipment along with proper safety programs are all important parts of a healthy school environment. Food services that provide low fat and low sodium meals of high nutritional content, salad bars and healthy snacks in vending machines also can improve the overall health environment.

However, a healthy environment includes not only the physical buildings and grounds of a school, but the psychological environment — the interpersonal relationships of administrators, staff and students, the community's involvement in its schools, and the well-being of school staff, as well as students.

Employee wellness programs, which provide smoking cessation, exercise,

and/or stress reduction classes, help create more health-conscious school personnel, who can play the invaluable role of healthy models. Since students not only listen to but also watch their teachers, the behavior of staff, in and out of the classroom, can have a profound effect on students. If teachers model good health for students, students are more likely to learn healthy habits. In addition, employee wellness programs have resulted in reduced absenteeism, and dollar savings to school districts money by reducing the need for substitute teachers (*Journal of School Health*, April 1990).

NSBA's National Consortium to Foster Comprehensive Health Education in the Public Schools believes when these four components — policy and goals, curriculum and training, health services and a healthy environment — are combined to provide a comprehensive health program that is responsive to student's health needs, education will be significantly enhanced. The Consortium recognizes that each school district is different

with individual problems and unique resources. To gain a better understanding of effective programs, the Consortium has reviewed several successful school health programs. Here are a few examples of school health programs that are working.

Frontier Central School District, Hamburg, NY

Frontier Central School District, located in northwestern New York State, is a suburban district with a student population of 5,000. In 1984 the district began revising its health program incorporating the New York State *Health Education Syllabus: Grades K-12*. The goals of the syllabus are as follows:

- develop awareness of the role of health in the lives of individuals, families, and the community;
- nurture the development of attitudes that place a high value on optimal health;

continued on page 4

Components of a Comprehensive School Health Program

Board Policy: School Health Philosophy and Goals

- statement of school Board and administration commitment
- expressed necessity for broad community involvement
- emphasis on prevention

School Health Services

- health assessments to include:
 - eye screenings
 - hearing screenings
 - dental screenings
 - scoliosis testing
 - assessment of developmental needs
- separate physical exams for athletes
- records maintenance
- counseling and referrals
- faculty and staff health programs

Healthy Environment

- proper lighting
- proper ventilation (heat/cool)
- clean environment
- clean water
- proper waste disposal
- school safety program
- adherence to building codes
- sanitary food services
- nutritional food services
- attention to emotional climate

Health Instruction

- accident prevention and safety
- consumer health
- community health and health resources
- family life education
- personal health and grooming
- nutrition
- disease prevention and control
- environmental health
- mental and emotional health
- substance use and abuse

Healthy from page 3

- foster the development of self-awareness and self esteem;
- provide students with the understandings and skills required to set goals, make informed decisions, and solve health problems; and
- enable students to deal effectively with change and take increasing responsibility for health.

The district chose the health curriculum "Growing Healthy", developed by the National Center for Health Education, for its elementary school program. This interactive program is designed to teach age-appropriate health issues. Their secondary curriculum is tailored to the New York state recommended syllabus. Thirty-two hours of health instruction are required each year in kindergarten through sixth grade; seventh and tenth grades programs each require 100 hours of health instruction.

Supplementing health instruction are activities that reinforce the health messages. Frontier's Drug Assistance School Re-Entry Program, which is used as the state model, allows students who have behavioral problems to remain in school, while providing coping skills, as well as one-on-one interaction with caring adults who can help the young person realize his/her own value.

The Youth-at-Risk Grant Program, jointly coordinated by the Frontier Central School District and the Town of Hamburg Youth Bureau, promotes the cooperation of school and community resources and provides a full range of services for youths at risk in grades seven to nine.

A Student and Community Intervention Team is presently being trained to deal with drug abuse problems in the schools by coordinating school, community, and family resources. A Mentor Program involves forty caring faculty and staff members who befriend students who may be contemplating dropping out of school. The Suicide/Death Response Team consists of psychologists, social workers, and

counselors who are on call to deal with the needs of students.

The Peer Listening Program involves student teams who have been trained in listening, helping and referral skills. A Students Against Driving Drunk (SADD) chapter promotes awareness about the dangers of drinking and driving. Project Youth Engaged in Service (YES) is an opportunity for young people, ages 12 to 21, to volunteer to work with the elderly, young children, and local organizations.

Frontier Central developed its school health program with strong support from the school Board, administrators, teachers and the community. Its broad-based School Health Advisory Committee has involved representatives of the whole community and advised the school board in developing long-range plans, incrementally implementing an activity-based curriculum and supporting activities and services, and providing inservice training. In addressing the needs of the whole child, Frontier Central offers an exemplary school health program.

Jefferson County Public Schools, Louisville, KY

The Jefferson County School District, located in northwest Kentucky, includes the city of Louisville and has a student population of 93,000. Beginning in 1980 the school district has been implementing a comprehensive school health program based on the goals listed in their *Health Skills Continuum K-12*:

- make wise decisions concerning factors influencing personal and community health;
- enable students to recognize the relationships between mental, physical, and social health;
- prepare students for dealing with emergency situations;
- introduce students to health-related occupations; and
- recognize that health is a combined responsibility of the indi-

vidual, the community, the government, and the world.

The Jefferson County Public School health curriculum requires forty hours of health instruction each year in kindergarten through eighth grades and an additional ninety hours a year in the ninth grade. The teacher training program is flexible with twenty-four hours of mandated training per year, eighteen of which are chosen by the individual teacher.

Jefferson County offers strong supporting activities and programs. Examples of effective community involvement include:

- the Feeling Good School Program, a cooperative effort of the Jefferson County Public Schools, St. Anthony Hospital, Louisville Stoneware, and Coca-Cola Mideast Distributors promoting wellness in schools;
- FITNESSGRAM, sponsored by Campbell Soup, a computerized report card which provides parents with a comprehensive fitness profile on their child and concrete recommendations to help improve fitness;
- Project Innovative Diversions (Project I.D.), a diversified wilderness program that strives to reinforce lessons and skills of the total curriculum in an outdoor setting;
- A Life Plan for Weight Control and Health, created by University of Louisville and the Jefferson County Public Schools, designed to make students aware of the value of nutrition;
- A Preschool Program which incorporates activities promoting health and safety;
- Jump Rope For the Heart conducted in collaboration with the American Heart Association; and
- Physicians In The Schools carried out in cooperation with local doctors provides both expanded health care services and the opportunity for students to interact with physicians as teachers and as friends.

continued on page 5

Strong community support and commitment, an employee wellness program, use of proven curriculum, attention to teacher training, and reinforcing activities all combine to make this school health program effective. As it continues to refine and strengthen its program, Jefferson County offers two pieces of advice to other school districts: 1) Begin a school health program however you can. Success breeds success, and your program will grow as it demonstrates its efficiency; and 2) Assign a health program coordinator, preferably on a full-time basis, to develop and oversee the multiple elements of this critical education program.

Obstacles to success

Although there have been many successes in comprehensive school health programs, there are some recurrent problems to underscore. Such problems include availability of resources, appropriate training for teachers and instructors, support from community members and school administrators, and development of program evaluation systems.

Limited resources require that Boards establish school health priorities and develop cooperative agreements with other community agencies. There are two major sources of funding. Local businesses or private service agencies often can provide services and training. The local police and fire departments, county officials and hospitals often are willing to offer their services and knowledge free of cost to the Board and can be interesting and informative to students.

Materials also are available from national agencies. The *Compendium of Exemplary School Health Education Classroom Programs and Teaching and Learning Resources* is available from the Centers for Disease Control in Atlanta, Georgia. Many schools augment existing funds by writing proposals to local, state and national health and education agencies. A list of supporting organizations is provided in the administrator's copy of this issue.

Another problem is that **not all teachers are trained** to deliver appropriate instruction to students in many health related problems and situations. Without exception, teachers and administrators have identified the need for teacher training as the most consequential factor in the practical implementation of health instruction.

Inservice training for health education is not, of course, limited to the classroom teacher. In order for school health education programs to be effective, administrators, school Board members, school support staff, school nurses, food service personnel, and parents need to be familiar with program purposes and content. This implies a need to do much more than allot time to acquaint teachers with health education basics. Planning health education training for district personnel requires as much attention to **who** will teach and **how** he/she will teach as it does to **what** will be taught.

Involvement of **community members and school administrators** is vital. School Boards must assure that administrators create a structure and process for assessing their schools' and communities' practices to determine what levels of school-related risk factors for adolescent health problems exist and how these can be reduced or eliminated. Dr. Douglas Kirby, Director of Research at ETR Associates, Inc., recommends that Boards consider the following important questions:

- What are the most effective strategies for educating the community about the health needs of the community's youth and motivating the community to take a leadership role?
- How should communities assess need, identify high-risk youth, and get them into effective programs?
- How can school and community programs, especially school and public health programs, become more integrated and reinforcing?

- What are effective methods of involving parents, employers, youth-serving agencies, and churches?
- What are the most important components of a comprehensive school/community health program? (*Journal of School Health*, April 1990.)

The final problem facing comprehensive school health education is **evaluation**. Schools should administer pre- and post-tests to track students' knowledge gain. Frequently, the evaluations only measure students' knowledge and not their attitudes and behavioral growth. Finding an adequate quantitative measure of attitude and behavioral changes is difficult. On-going research seems to indicate that those changes cannot be statistically accounted for in periods less than three years, but school Boards continue to search for proof of program effectiveness in a shorter time. A good alternative is to use more subjective approaches. For instance, consider surveying students, parents, and teachers concerning changes they have observed. Or try tracking specific issues of concern such as smoking and teenage pregnancy to indicate effectiveness.

Despite the obstacles, comprehensive school health programs are succeeding. Success is dependent upon a number of factors, such as teacher training, extent and degree of program implementation, time allotted for instruction, involvement of parents and family, community support, and the overall comprehensiveness of the curriculum. ■

Health teleconference

NSBA will sponsor a national teleconference highlighting exemplary school health programs, answering questions, and featuring an interactive call-in session on May 7, 1991. There is no fee to participate, but all sites must register in advance. If your district has not received a registration form, please contact Jeanie Rhoades at Education Satellite Network, (800-243-3376 or 314-445-9920).



Tips 'n Techniques

Developing comprehensive health programs

As stated in its 1990-91 Resolutions, "NSBA believes that all local school boards should adopt K-12 comprehensive health education programs to support the development of students' physical, psychological, and social well-being. This planned, sequential instruction should address community health, disease prevention and control, environmental health, family life, growth and development, nutrition, personal health, safety and injury prevention, and substance abuse and use in a context that addresses knowledge, attitudes, and skills."

The Centers for Disease Control estimate that school health programs are available in only five to fifteen percent of the nation's school districts. Is your district among them? If not, below are some guidelines and resources available to you as you chart the way to effective health management in your schools.

The *Journal of School Health* recommends the following course of action on the local level:

- Identify a cross-section of school and community people for the planning committee.
- Define the role of the school as a catalyst and facilitator.
- Invite discussion and list local concerns.
- Educate the school community planning committee on:
 - the nature of health problems,
 - the risk factors inherent in school, family, peer group and community systems, and
 - the comprehensive school-community approach described in these guide lines.
- Explore and list local prevention resources, agencies and organizations and include them in planning.

- Define target populations of students for initial programming.
- Determine the influence groups and related risk factors to be targeted during a specific period of time.
- Define change objectives based on risk factors in various systems; protective factors and objectives may also be included; do not select too many factors for a given population.
- Agree, by consensus, on the strategy for each system of influence (school, parents, agencies, youth) to change selected risk factors.
- Write the school-community group's "master-plan", defining tasks, time-lines, ways to monitor and evaluate program effectiveness.
- Publish the plan widely so that all understand and support the school community "campaign".
- Have the planning group continue to meet regularly throughout the year to share progress, support implementation and coordination. (*Not Schools Alone: Guidelines for Schools and Communities to Prevent the Use of Tobacco, Alcohol and Other Drugs Among Children and Youth*, 1990)

NSBA Guide and Database

NSBA and its National Consortium have been working to foster comprehensive school health programs in the public schools. They are currently working on a school leader's guide for comprehensive school health programs, to be published this spring and a May teleconference. Both are intended to provide suggestions and the "how to" information needed in the design and implementation of comprehensive school health programs. Through examples from several existing programs, the handbook and the teleconference will offer guidelines and resources for

school Board members, school administrators and staff, and their communities.

NSBA also is developing a Comprehensive School Health Survey Database. Searches on this database will provide you with quick access to information concerning approximately 100 districts with comprehensive school health programs in place that address problems similar to your own. The information is broken down into categories like school district size, demographic make-up, costs of program implementation and maintenance, curriculum development, inservice training, health services provided, size and make-up of health staff, and hours of instruction.

All school districts are encouraged to submit any information they feel would be valuable to other districts. The database will be a dynamic resource reflecting new information about existing programs and new district submissions. For additional information, contact:

Adria Thomas, Director,
Research and Management Services;
Karen Powe, Manager,
or
Christine Morris, Research Assistant
Comprehensive Health Education
Project
National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703)838-6717

For a list of other sources of information on developing comprehensive school health programs, see the up-coming issue of *Administrator's Angle*. ■

For more policy help

Sample policies, regulations, and exhibits relating to topics covered in this month's *Updating* are included in the school administrator's copy of this publication. These are:

Comprehensive Health: IGAE, Health Education; JH, Student Welfare; IGAE/IGAF, Health and Physical Education.

Asthma and Allergies: JHC, Student Health Services and Requirements; JHCD-R, JHCD-E, Administering Medicines to Students.

Additional sample policies, regulations, and exhibits on these and other topics may be requested from the NEPN Policy Information Clearinghouse, NSBA, 1680 Duke Street, Alexandria, Virginia 22314 or from your state school boards association.